MEDICARE PAYMENT ADVISORY COMMISSION

PUBLIC MEETING

Ronald Reagan Building
International Trade Center
Horizon Ballroom
1300 13th Street, N.W.
Washington, D.C.

Thursday, September 9, 2004
10:36 a.m.

COMMISSIONERS PRESENT:

GLENN M. HACKBARTH, Chair
ROBERT D. REISCHAUER, Ph.D., Vice Chair
JOHN M. BERTKO
FRANCIS J. CROSSON, M.D.
AUTRY O.V. "PETE" DeBUSK
NANCY-ANN DePARLE
DAVID F. DURENBERGER
ARNOLD MILSTEIN, M.D.
RALPH W. MULLER
ALAN R. NELSON, M.D.
CAROL RAPHAEL
DAVID A. SMITH
RAY A. STOWERS, D.O.
MARY K. WAKEFIELD, Ph.D.
NICHOLAS J. WOLTER, M.D.

AGENDA ITEM: Public comment

MS. CREIGHTON: Good afternoon, members of the Commission and the staff. My name is Marlene Creighton. I'm from Buffalo, New York. I'm a certified registered nurse first assistant. I had some comments that I wanted to make to you in general, but in listening to your conversation, would it be possible for me to take a few minutes and help answer some of the questions that you asked that are relatively easy to answer, but were apparent to me that maybe you had not had all the information?

For example, when an assistant is working at a surgical procedure, I do this about 10, 12 hours a day, whether or not an assistant is billed for is determined already by the insurance companies via a good coding system called current procedural terminology. Only certain procedures are reimbursable.

So for example, if there's a total hip procedure taking place, very large complicated procedure, the insurance company will reimburse for an assistant at surgery. If I am there as a registered nurse first assistant, the insurance company will not reimburse for my services. However, if another non-physician, such as a physician assistant is assisting on that total hip. the insurance company will reimburse for his services. And of an M.D. is assisting. the insurance company will reimburse that physician at a higher rate than they did the non-M.D.

I am a hospital-employed registered nurse first assistant. I do many cases in a string, and sometimes it's a total hip, followed by a total knee, followed by an excision of a ganglion. If I remain in the room with the surgeon who's during the excision of a ganglion to help facilitate the case, make it go faster, help it be more safe, insurance companies will pay no one as an assistant on a ganglion.

So if you're looking for the data as to how much money this will cost to pay an assistant at surgery, Medicare has already determined when and how much they will pay assistants at surgery. Medicare is already paying for the service. The inequity is, if I happen to be the assistant, Medicare will not reimburse for my services.

So what we are trying to help you understand is that we as nurses and RN first assistants are a cost-effective entity that is out there that Medicare presently is not taking advantage of. Last night I was at the hospital. My mother was hospitalized and I was there, and at 8:00 o'clock a patient had to come back to have an evacuation of a bleeding hematoma from their abdomen. The surgeon called and said, I'm bringing this patient back. I need one of those RNFAs; are any of them around? I was there. Had I not been there, he would have called someone else to assist him. Medicare would have paid someone to be the assistant.

Does that help?

MR. HACKBARTH: Actually, it may not have been evident from our conversation but we really did understand that. So we appreciate the reinforcement, but we do understand the nature of the problem.

MS. CREIGHTON: So that is basically our request. We are not asking that a new payment be made. We are only asking that whatever your decision is, whether you continue with the present methodology of payment, or you decide to move to the payment in a global fee, we are asking that your recommendation is that a registered nurse first assistant should be included as an eligible receiver of first assistant at surgery services. Not new payment; those that are already being made.

Thank you.

MS. McELRATH: I'm Sharon McElrath. I didn't really want to get up on this issue but I feel I have to. For those of you who weren't here two years when this came up and the same proposal was before the Commission and it was then turned down because the American College of Surgeons and the American Medical Association circulated a letter that was signed by virtually every medical specialty opposing the approach of bundling these fees, I just would remind you that you're stirring up a lot of consternation out there at a time when people are already facing 30 percent in cuts from Medicare payments over the next several years. So if you are going to take the payment from somewhere, I don't that there's going to be a lot left in the physician payment to get it from.

Just in terms of the budget neutrality, I would say that you should keep in mind that we're under the SGR. So if new stuff is moving over on the physician side, it's just going to lead to bigger and bigger cuts. So in some sense there's a budget neutrality there already.

I did also want to comment on the survey and just say that one of the issues that came up this year was that you have to have an even bigger response rate if you want to not combine data. In the past we got around the response rate problem --

MR. HACKBARTH: This is the practice expense?

MS. McELRATH: This is the practice expense, the SMS.

In the past, CMS got around the size of the data by combining a number of years of data. But since it will have been at least five years between surveys, then whether you want to really be combining practice expense data from 2005 with 1998, 1999, 2000 is a question. CMS would like to be able to at least have the option of not combining that data.

So it means that you need a much bigger response rate. It means that you have to have a much more expensive survey. That became the issue. We did have a lot of discussions with CMS. It might have been possible to work things out if there had been more time in their budget year. But what really became the problem was the issue of whether in the current environment you can get a response rate with a reasonable cost attached to it.

MR. HACKBARTH: Thank you.